



DATE \_\_\_\_\_

## GENERAL INFORMATION

\* OWNER(S) NAME

\* ADDRESS

\* CITY

\* STATE

\* ZIP CODE

\* TELEPHONE NUMBER (REQUIRED)

( )

NAME OF DAM

ID NUMBER

COUNTY

LOCATION OF DAM AT CENTERLINE AT MAXIMUM SECTION

## SECTION

.TOWNSHIP

NORTH. RANGE

EW

#### APPROXIMATE UTM COORDINATES

N

E

DAM HEIGHT

RESERVOIR AREA

PURPOSE OF DAM AND RESERVOIR

\* NAME OF PERSON FILLING OUT THIS APPLICATION (TYPE OR PRINT)

\* SIGNATURE

\* IN CASE OF EMERGENCY (TYPE OR PRINT)

NAME: \_\_\_\_\_

TELEPHONE NUMBER (REQUIRED): (        )

CHECK ONE:

☐ **YES, I DO HAVE AN EMERGENCY ACTION PLAN FOR THE DAM.**

☐ NO, I DO NOT HAVE AN EMERGENCY ACTION PLAN FOR THE DAM.

**IT IS MANDATORY THAT YOU COMPLETE ALL ITEMS MARKED WITH AN ASTERISK (\*).**

SUBMIT TO:

Department of Natural Resources  
Geological Survey and Resource Assessment Division  
Dam and Reservoir Safety Program  
P.O. Box 250  
Rolla, Missouri 65402  
(573) 368-2175